

U.S. Environmental Protection Agency
CLP Sample Management Office
P. O. Box 818, Alexandria, Virginia 22313
PHONE: (703)/557-2490 or FTS/557-2490

SAS Number

SPECIAL ANALYTICAL SERVICES
Client Request

US EPA RECORDS CENTER REGION 5



478548

☐ Regional Transmittal

☐ Telephone Request

- A. EPA Region/Client: V ; IEPA
- B. RSCC Representative: J. Pels
- C. Telephone Number: (312) 353-2720
- D. Date of Request: 5/20/92
- E. Site Name: Illiana Scrap Processing, Crete, IL SSI/22
Cerdis# ILD984 791673

Please provide below a description of your request for Special Analytical Services under the Contract Laboratory Program. In order to most efficiently obtain laboratory capability for your request, please address the following considerations, if applicable. Incomplete or erroneous information may result in delay in the processing of your request. Please continue response on additional sheets, or attach supplementary information as needed.

1. General description of analytical service requested: Analysis of
Samples for 2378-TCDD using SOW 9/86 (Rev. 8/87).
2. Definition and number of work units involved (specify whether whole samples or fractions; whether organics or inorganics; whether aqueous or soil and sediments; and whether low, medium, or high concentration):
6 soil and 2 ash samples plus 1 soil blank and 1 soil PE,
to be shipped separately from samples.
3. Purpose of analysis (specify whether Superfund (Remedial or Enforcement), RCRA, NPDES, etc.):
SF - SSI

4. Estimated date(s) of collection: Already collected
5. Estimated date(s) and method of shipment: overnight upon award of SAS
6. Number of days analysis and data required after laboratory receipt of samples:
45
7. Analytical protocol required (attach copy if other than a protocol currently used in this program):
SOW 9/86 (Rev. 8/87) Dioxin Multi-media Multi-Conc.
(Laboratory data rejection and non-payment will be recommended if the method specified in this SAS is not followed.)
8. Special technical instruction (if outside protocol requirements, specify compound names, CAS numbers, detection limits, etc.):
9. Analytical results required (if known, specify format for data sheets, QA/QC reports, Chain-of-Custody documentation, etc.). If not completed, format of results will be left to program discretion.
Per SOW, but include all original data, tags, COC/SAS forms, etc. with the Regional submittal, analogous to a CSF.
10. Other (use additional sheets or attach supplementary information, as needed):
11. Name of sampling/shipping contact: Bruce Ford
Phone: (217) 524-1653

I. DATA REQUIREMENTS

Parameter:

Detection Limit

Precision Desired
(+% or Conc.)

2,3,7,8-TCDD

Per Sow

Per Sow

II. QC REQUIREMENTS

Audits Required

Frequency of Audits

Limits* (% or Conc.)

Per Sow:

per sow

Per Son

III. ACTION REQUIRED IF LIMITS ARE EXCEEDED:

Contact SMO. Follow corrective action in SOW.

Please return this request to the Sample Management Office as soon as possible to expedite processing of your request for special analytical services. Should you have any questions or need any assistance, please call the Sample Management Office.